

DIVE LOG

Dive No. _____ Date: _____ Location: _____

DEPTH/TIME Max. Depth _____ ft. Time _____ <input type="checkbox"/> Safety Stop(s)	TEMPERATURE (°F) Air _____ Surface _____ Bottom _____	WEIGHT _____ (lbs.)	AIR PRESSURE Start PSI _____ Time In _____ End PSI _____ Time Out _____ <input type="checkbox"/> Nitrox O ₂ % _____ Tank Size _____ ft ³
CONDITIONS <input type="checkbox"/> Fresh/Salt <input type="checkbox"/> Waves/Surf/Surge <input type="checkbox"/> Shore/Boat <input type="checkbox"/> Current/Drift		EXPOSURE PROTECTION <input type="checkbox"/> Wet Suit: _____ mm <input type="checkbox"/> Gloves <input type="checkbox"/> Dry Suit <input type="checkbox"/> Boots <input type="checkbox"/> Hood	VISIBILITY _____ (ft.)
COMMENTS _____ _____ _____ _____ _____ _____		DIVE CENTER/RESORT STAMP 	
TIME (minutes) Bottom Time to Date: _____ Time This Dive: _____ Cumulative Time: _____		VERIFICATION SIGNATURE: <input type="checkbox"/> Instructor <input type="checkbox"/> AI/DM <input type="checkbox"/> Buddy _____ Certification No. _____	

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CONDITIONS <input type="checkbox"/> Fresh/Salt <input type="checkbox"/> Waves/Surf/Surge <input type="checkbox"/> Shore/Boat <input type="checkbox"/> Current/Drift		EXPOSURE PROTECTION <input type="checkbox"/> Wet Suit: _____ mm <input type="checkbox"/> Gloves <input type="checkbox"/> Dry Suit <input type="checkbox"/> Boots <input type="checkbox"/> Hood	VISIBILITY _____ (ft.)
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